FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instru		Officers			
1. NAME OF COMMITTEE (in	(Check if name full) is changed)	e Example: If typying, type over the lines	Office use only  12FE4M5			
Colonial Prop	erties Trust					
ADDRESS (number and	2101 6th Avenue	North, Suite 750				
_	1					
(Check if addr is changed)	Birmingham		AL 35203			
		CITY▲	STATE▲ ZIP CODE ▲			
COMMITTEE'S E-MA  mtolbert@sirc			1			
COMMITTEE'S WEB	PAGE ADDRESS (URL)					
COMMITTEE'S FAX N 2052508890	NUMBER					
2. DATE 1.2	2 0 0 6 P					
3. FEC IDENTIFICATION NUMBER C C00327668						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)						
I certify that I have exam	ined this Statement and to the best of my	knowledge and belief it is true, correct	and complete			
Type or Print Name of	Treasurer					
Signature of Treasurer	Electronically Filed by John F	Rigrish	Date 12 / DD / YYYYY			
NOTE: Submission of fa	·	n may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g.  D WITHIN 10 DAYS			
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953	nission FEC FORM 1			

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5.	TYPE OF COMMITTEE (Check One)							
	This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate								
	Candidate Party Affiliation Office Sought: House Senate President	State District						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name of Candidate							
		emocratic, publican,etc.) Party. and or party						
ô.	Name of Any Connected Organization or Affiliated Committee							
L	Colonial Properties Trust							
L								
	Mailing Address  2101 6th Avenue North, Suite 750							
	Birmingham AL S	203						
	CITY STATE A	ZIP CODE 🛦						
	Relationship Connected							
	Type of Connected Organization:							
	X Corporation Corporation w/o Capital Stock Labor Organization	on						
	Membership Organization Trade Association Cooperative							

Write or Type Committee Name			Page <b>3</b>				
<b>Colonial Properties Trust</b>							
	odian of Records: Identify by name, address, (phone number optional), and position of the person in session of Committee books and records.						
Full Name John Rigrish							
Mailing Address	2101 6th Avenue North						
	Birmingham	AL_	35203				
Title or Position ▼	CITY A	STATE <b>▲</b>	ZIP CODE A				
		<b>205</b> Telephone number	250				
<ul> <li>Treasurer: List the name and ac name and address of any design</li> <li>Full Name of Treasurer</li> </ul> John Rigrish	nated agent (e.g., assistant trea	súrer).					
Mailing Address	2101 6th Avenue North						
	Birmingham		35203				
Title or Position ▼	Birmingham CITY ▲	AL STATE	35203				
Title or Position ♥	-	<del></del>					
Title or Position ♥  Full Name of Designated Agent	-	STATE <b>▲</b>	ZIP CODE A				
Full Name of Designated	-	STATE <b>▲</b>	ZIP CODE A				
Full Name of Designated Agent	-	STATE <b>▲</b>	ZIP CODE ▲				

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.					
	Mailing Address	outhTrust Bank  200 Wildwood Parkway				
		Homewood AL 3	5209   _ [			
		CITY △ STATE △	ZIP CODE △			